

United States Department of Agriculture Animal and Plant Health Inspection Service Policy and Program Development 4700 River Road, Unit 149 Riverdale, MD 20737–1237 Telephone: 301/734–8963

> ENQL 7-1 CY04 PERMANENT Retire 05/09

> > May 18, 2004

Document Processing Desk [6(a)(2)] Office of Pesticide Programs (7504C) U.S. Environmental Protection Agency Ariel Rios Building 1200 Pennsylvania Avenue, N.W. Washington, DC 20460-0001

ATTN:

Norman Spurling

SUBJECT:

FIFRA, Section 6(a)(2) aggregrate adverse effects incident report

Dear Mr. Spurling:

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period of April 30, 2004.

EPA Reg. No. 56228-15M-44 Cyanide Capsules
Active Ingredient: CAS No. 143-33-9
Sodium Cyanide

Incident Category
W-B
D-A
3

Please direct any questions pertaining to this adverse incident report to Kenneth Dial at (301) 734-8378 or e-mail kenneth.dial@aphis.usda.gov.

Sincerely,

Dend a. Beyete-for Carl Bansch

Carl Bausch Chief, Environmental Services Policy and Program Development

Enclosure

APHIS Safeguarding American Agriculture

APHIS is an agency of USDA's Marketing and Regulatory Programs

An Equal Opportunity Provider and Employer

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· · · · · · · · · · · · · · · · · · ·	6(a)(2) AD	VERSE EFFECTS INC	IDENT INFORM	ATTON REPORT	
INCIDENT CODE	Date	INCIDENT STATUS	Date of last submission	DATE WS BECAME AWARE OF THE INCIDENT	ES USE ONLY REPORT NUMBER
W-B	New 03-09-0	1 ·	Take of ISSK SCOTTESSION	03-09-04	REPORT HUMBEL
EMPLOYEE NAME (To conta	ct for additional information)	TELEPHONE NUMBER	CONTACT NAME (#	Non-APHIS)	TELEPHONE NUMBER
OUTY STATION APPRESS	THE THREE STATE OF THE PROPERTY OF THE PROPERT		ADDRESS		
	INCIDENT LOCATION	garage and the second s	SOURCE OF INFOR	MATION	
CITY	STATE	COUNTY	Self Media	Telephone Call Lett	er er
EXPOSURE TYPE (Examples	include spill, splash, drift, n	noff or other.)			
agricultural (specify crop) (specify), recreational area (sp	angeland/pasture_noncrop		ts application, mixing/lo equipment, during m	TING TO PRODUCT ADVERSE eding, reentry, during transport, renufacturing/formulation) \cation - d	epair/maintenance of application
EPA REGISTRATION NUMBER 56228 - /: WAS THE PRODUCT Concentrated Discussion Discussion Contracts of Interest	5 M-4 WHAT WAS TH	4 Cyanide EDILUTION RATIO (If applicat	Capsulos WERI	CTIONS FOLLOWED CER	Yanide STHE APPLICATOR (TIFIED (If applicable) Yes No
Yes No					
SUMMARY OF THE INCIDEN	T (Attach supplemental form	if needed)	- 1 10 m		ALAN ALANA E COLO. Management of
Raven p	ulled M	n-44 jei	rice,		
NAME OF PREPARER		BIGNATURE	TELE	PHONE NUMBER	DATE
NAME OF SUPERVISOR		IGNATURE	TELE	PHONE NUMBER	OKTÉ .

(Local Reproduction Authorized)

WS FORM 160-R (June 99)

3-13-04

		ES USE ONLY
DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEME	ENTAL REPORT FORM	REPORT NUMBER
TONE .	"X" ONE	NUMBER OR ACRES AFFECTED
Amphibian Fish X Bird Mammal Invertebrate Reptile Plant	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
SPECIES COMMON NAME Raven	BREED (If known)	1
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS	1	
Dead raven approximately M-44 device.	20 feet -	from
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (If available of test(S) and results (If available of test(S)) and results (I	ile, attach copies):	
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)		
NA		
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of bailt		A per to the amount of the table of t
One sodium cynanide capsule,	set in one	M-44 device
WAS PREBAITING USED ON THE SITE (Describe) Yes No	. Hay appear a see a seeman seeman age	
Open grassland /range land		
No other animal carcusses	in area.	
NAME OF PREPARER SIGNATURE		DATE
NAME OF SUPERVISOR SERVATURE		DATE
WS FORM 180B-R (June 99) (Local Reproduction Authorized)		

INCIDENT CODE	6(a)(2) AD	VERSE EFFECTS INC INCIDENT STATUS	IDENT INFORM	ATION REPORT DATE WS BECAME AWAR	E ES USE ONLY
W-B	Date		Pate of last submission	of the increent	REPORT NUMBER
EMPLOYEE NAME (To co	ntact for additional information)	TELEPHONE NUMBER	CONTACT NAME (If	Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS	3		ADDRESS		
	INCIDENT LOCATION	-	SOURCE OF INFOR	MATION	
CITY /	STATE	COUNTY	Self	Telephone Caff Oral Report	Letter Other
EXPOSURE TYPE (Examp	les include spill, splash, drift, n	inoff or other.)			
Ingest	201	·			
INCIDENT SITE [examp agricultural (specify crop)	les include commercial or r , rangeland/pasture, noncrop	esidential sites, forest/woods area, fallow field, public land	s application, mixing/k	seding, reentry, during transp	RSE INCIDENT: [examples incl ort, repair/maintenance of applica
Range land	(specify), right-of-way (rail, utili	ry, nighway))	M. 44	anufacturing/formulation)	oyate Contro,
(Inc.)	•		Raven	Pulled M.	oyote Control
EPA REGISTRATION NUM	IBER PRODUCT NA	WE ^	ACT	VE INGREDIENT	
56228-1	5 M.44 (Yavide Cops	ules s	odium Cya	rvide
WAS THE PRODUCT		E DILUTION RATIO (If applicat	He) WER	E THE LABEL CTIONS FOLLOWED	WAS THE APPLICATOR CERTIFIED (If applicable)
Concentrated [Dikuted //	<i>(</i> //	\S	Yes No	Yes No
IS THERE EVIDENCE OF	INTENTIONAL MISUSE (If "Ye	s", explain)			
☐ Yes	No				
SUMMARY OF THE INCID	ENT (Attach supplemental form	n if needed)			
Raven F	Pulled m-	44			
					•
					•
				•	
				· · · · ·	
NAME OF PREPARER		signatúré	TEU	EPHONE NUMBER	DATE
NAME OF SUPERVISOR	***************************************	SIGNATURE	TEL	PHONE NUMBER	DÁTE

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDI	ENT - SUPPLEME	NTAL REPORT	FORM	ES USE ONLY REPORT NUMBER
TX" ONE	<u></u>	"X" ONE		NUMBER OR ACRES AFFECTED
	Reptile Plant	Domestic	 Wild	41/9
Amphibien Fish Bird Memmal Invertebrate [SPECIES COMMON NAME COMMON Raven		BREED (If known)	//	10/7/
			NH	
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS Dead				
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) A	ND RESULTS (if available	, attach copies):		
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terres				
M-44 Unit Set for Coyote Co		g if applicable)		
WAS PREBAITING USED ON THE SITE (Describe) Yes X No				
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH Range land	THE INCIDENT OCCURR	RED		
ADDITIONAL FACTORS		·····		
NAME OF PREPARER	SIGNATURE			DATE
NAME OF SUPERVISOR	SIGNATURE,			DATE

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT INCIDENT CODE INCIDENT STATUS DATE WS BECAME AWARE ES USE ONLY OF THE INCIDENT REPORT NUMBER Date of last submission New New Update 1) - A 1-13-04 EMPLOYEE NAME (To contact for additional information) TELEPHONE NUMBER CONTACT NAME (If Non-APHIS) TELEPHONE NUMBER **DUTY STATION ADDRESS** ADDRESS SOURCE OF INFORMATION INCIDENT LOCATION CITY STATE COUNTY Telephone Call Medie Onal Report Other EXPOSURE TYPE (Examples include split, splesh, drift, runoff or other.) M-44 FIRED CAPBULE SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples inclu INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands application, mixing/loading, reentry, during transport, repair/maintenance of applicat (specify), recreational area (specify), right-of-way (rail, utility, highway)] RANGELAND / PASTURE FOR M-44 CYANOE CAPSULE FIRED WHEN ACTIVATED CATRE GRAZING BY DOMESTIC DOG EPA REGISTRATION NUMBER M-44 CHAMOE CABULE SODIUM CHANIDE 56228-15 WHAT WAS THE DILUTION RATIO (If applicable) WERE THE LARGE WAS THE APPLICATOR DIRECTIONS FOLLOWED CERTIFIED (If applicable) Concentrated Diluted Yee No Yes No IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) AN M-44 EPA RESTRICTIONS WERE FOLLOWED. ☐ Yes SUMMARY OF THE INCIDENT (Attach supplemental form if needed) M-44 WIB WERE SET UPON REQUEST OF RANCHER, FOR PROTECTION OF NEWBORN CALVES PROM COYOTE. DATE SET WAS 1-7-04. ENTERED THE RANCH BY VEHICLE AT A POSTED BATE AND PROCEEDED 1/2 TO 3/4 MILE INTO THE RANCH TO THE LOCATION OF AN M-44 SET. THE DOS ACCOMPANING HIM LOCATED THE UNIT, PALLED IT, ADMITTED HE ISNORED THE WARNING AND DIED. TED TO THE PAPELL OUNER. NO SEN OF PRIOR TO SETTING THE NAME OF SUPERVISOR SIGNATURE TELEPHONE NUMBER DATE

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DOMESTIC ANIMAL, FAUNA, OR FLORA INCID	DENT - SUPPLEME	NTAL REPOR	T FORM	REPORT NUMBER
"X" ONE		"X" ONE	···	NUMBER OR ACRES AFFECTED
Amphibian fish Bird Mammal Invertebrate	Reptile Plant			
SPECIES COMMON NAME DOMESTIC DOG		BREED (If known)	CROSS-	8REED
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS				
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS DOS ACTIVATED M-44 3 DIED AT SITE,	SODIUM CYA	NOE E	JECTOP	ACO
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(8)	AND RESULTS (If evailable	, attach copies):		
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of term	estrial habitat)		- Addy - at the set spikelesses	
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Included)	to brief description of helling	- Manuficable)		
HAND PLACED M-44 U		у (гарунсаоло)		
WAS PREBAITING USED ON THE SITE (Describe) Yes No				
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH MINITS WERE SET RANKHER FOR PROTECTION OF WERE SET AT LEAST OFFICE INDIVIDUAL UNIT OF SIENS WERE POSTED PRO	ON PRINSE	AND AMERICAN	peves, 96T En	UNITS TRANCE
ADDITIONAL FACTORS DOG: WAS ACCOMPANING THE RANCHER, HE ENTERE GATE AND IGNORED THE ALL M-44 EPA RESTRICTION	WARNING	SGN,	•	THE MAN
NAME OF PREPARER	SIGNATURE			DATE
NAME OF SUPERVISOR	SIGNATURE_			DATE

	5(a)(2) A	DVERSE EFFECTS IN	ICIDENT INFO	RMATION REPORT	
INCIDENT CODE		INCIDENT STATUS		DATE WS BECAME AW	
\mathcal{T}	Date		Date of last submiss	1	REPORT NUMBER
D-A	New 2-19	OH Update		2-24-04	,
EMPLOYEE NAME (To conti	act for additional information	TELEPHONE NUMBER	CONTACT NAM	E (If Non-APHIS or different fro	TELEPHONE NUMBER
DUTY STATION ADDRESS			ADDRESS		
	INCIDENT LOCATION		SOURCE OF IN	FORMATION	
CITY	STATE	COUNTY	Self Media	Telephone Cali	Lotter Other
EXPOSURE TYPE (Example)	finh decine shine shah a	nunofi or other \		TE STATE (
EXPOSURE THE (Example)	· · · · · · · · · · · · · · · · · · ·	enon or only.,			
	rangeland/pusture, noncro	residential sites, forest/woo p ares, fallow field, public lar kity, highway)]	nds application, mixi		/ERSE INCIDENT: [examples incl sport, repair/maintenance of applica
Livestock	pasture		N	A	
		1			
EPA REGISTRATION NUMBI	ER PRODUCT NA	же	(A	CTIVE INGREDIENT	<u></u>
56228-15	M-HH	M-44 Cyanide Capsules		Sodium Cyanide 91.06%	
WAS THE PRODUCT	WHAT WAS T	HE DILUTION RATIO (If applice		VERE THE LABEL	WAS THE APPLICATOR
Concentrated Dillu	het		4.1	IRECTIONS FOLLOWED	CERTIFIED (If applicable)
IS THERE EVIDENCE OF INT	PENTIONAL MISUSE (IF YE	s*, explain)			
Yan No					the second control of
SUMMARY OF THE INCIDEN	IT (Attach supplemental for	n)		همار المراكل اليديقيية الكشفالية على و يوند بنة المكارب في مقدد في يونه 🖚 - المحدد المائدة	
Informati	ion gathere	d was all se	econd ha	nd from the	farm lessee,
	Dog was	Free roaming	a comprox	imately I mil	e from home
when the	ident likeli	happened. D)	- had retriev	ed the
animal be	fore I che	cked Dronert	They	er soul doc	in question.
No contact	ts by dog o	wher have be	een mad	e.	in question.
	ستو <u>.</u>				
IAME OF PREPARER		SIGNATURE	TI	LEPHONE NUMBER	DATE
lame of supervisor		SIGNATURE	TE	LEPHONE NUMBER	DATE
و والحالث فيد وساء المساومين مساومات المادال والمساوم والمادال والمساوم والمادال	!	·····			İ
VS FORM 460 (DRAFT)					

ANDITIONAL THE FREE COMMON NAME SPECIES COMMON NAME DESCRIBE SHAFT SHAFTONA ADVERSE EFFECTS DOG 11 Kely Dulled M-HH and resulted in death of dog. PLABORATORY TEXTS WERE PERFORMED, LIST NAME OF TEXT(S) AND RESULTS (I unabable, sinch acquire): N/A MACHITUDE OF THE EFFECT (e.g., miles of streams, equare usus of ternatified bability) N/A PERTICIDE APPLICATION RATE AND METHOD OF APPLICATION (noticed brief description of bailing 2 applicable) To accordance with EPA Die use restrictions. WAS PREDIATING USED ON THE SITE (Duscribs) DESCRIPTION OF THE MARTAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED 30 acre cottle pasture BIGHATURE DATE				DST USE ONLY
ANDITIONAL PARTICLE USED ON THE SITE (DISCORDE) MARKED OF PREPARER NAME OF PREPARER	DOMESTIC ANIMAL, FAUNA, OR FLORA INC	CIDENT - SUPPLEME	NTAL REPORT FORM	REPORT NUMBER
SPECIES COMMON NAME DESCRIPTION OF THE EFFECT (e.g., miles of streems, square used investigal habitat) NIA MAGNITUDE OF THE EFFECT (e.g., miles of streems, square used investigal habitat) NIA MAGNITUDE OF THE EFFECT (e.g., miles of streems, square used of investigal habitat) NIA MAGNITUDE OF THE EFFECT (e.g., miles of streems, square used of investigal habitat) NIA PEXICURE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of basiling if applicable) The accordance with EPA 26 use restrictions WAS PREDATING USED ON THE SITE (CHECKBO) DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED 30 acre cottle pasture NIA NIA NIA BIGHATURE DATE	"X" ONE		"X" ONE	NUMBER OR ACRES AFFECTED
DOSPURESTIC DOS Trish Setter DOS likely pulled M-HH and resulted in death of dog. PLABORATORY TEXTS WERE PERFORMED, LIST NAME OF TEXT(S) AND RESULTS (I uvaliable, asset copies): NIA MAGNITUDE OF THE EFFECT (e.g., miles of steemes, square uses of terrestiful habitat) NIA PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (nobles bird execulption of balling if applicable) To accordance with EPA also use restrictions. WAS PRESATING USED ON THE CITE (Checobe) Ver To accordance with EPA also use restrictions. DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED 30 acre cattle pasture ADDITIONAL FACTORS NIA INME OF PREPARER SIGNATURE DATE	Amphibian Fish Sind Mammal Invertebra	te Reptile Plant	Domestic Wild	
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IF LABORATORY TESTS WE'RE PERPORMED, LIST NAME OF TEST(S) AND RESULTS (If available, stack copied): N A MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habital) N A PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include bird description of basing 8 applicable) Th accordance with EPA 2/2 use restrictions WAS PREDATING USED ON THE SITE (Practibu) DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED 30 acre cattle posture ADDITIONAL PACTORS N A MAME OF PREPARER SIGNATURE DATE				
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In accordance with EPA 26 use restrictions WAS PRESATING USED ON THE SITE (Describe) DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED 30 oldre cottle posture ADDITIONAL PACTORS NIA ** NAME OF PREPARER SIGNATURE DATE		·		
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30 over cottle posture ADDITIONAL FACTORS NIA MAME OF PREPARER SIGNATURE DATE	DECEMBER OF THE MARKET AND CIDES INSETANDED IN THE PROPERTY AND CIDES IN THE PROPERTY AND CIDE			
ADDITIONAL FACTORS NAME OF PREPARER SIGNATURE DATE	DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WI	NCH TRE INCIDENT OCCURR	EU	
ADDITIONAL FACTORS NAME OF PREPARER SIGNATURE DATE	30 ocre cattle posture	,	. 14	
NAME OF PREPARER SIGNATURE DATE		4		
NAME OF PREPARER SIGNATURE DATE				
NAME OF PREPARER SIGNATURE DATE				
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NAME OF SUPERVISOR SIGNATURE DATE	NAME OF PREPARER	SIGNATURE		DATE
NAME OF SUPERVISOR SIGNATURE DATE				
	NAME OF SUPERVISOR	SIGNATLIRE		DATE
WE KARU (CAR /DRAFT)	WS FORM 160B (DRAFT)			

(NOIDENT COST	6(a)(2) AI	OVERSE EFFECTS INC	CIDENT INFOR		- Pating Avery
INCIDENT CODE	Date	INCIDENT STATUS	Date of last submissio	DATE WS BECAME AWA	RE ES USE ONLY REPORT NUMBER
D-A	New /3/64	Update	Date of last submissio	3/9/04	
EMPLOYEE NAME (To conta	ct for additional information	TELEPHONE NUMBER	CONTACT NAME	(If Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS			ADDRESS		
The state of the s	INCIDENT LOCATION		SOURCE OF INFO	ORMATION	and the second s
CITY	STATE	COUNTY	Self Media	Telephone Call Oral Report	Letter Other
agricultural (specify crop), re	CONTACT include commercial or angeland/pasture, noncro	residential sites, forest/wood p area, fallow field, public lan	ds application, mixing	/loading, reentry, during transp	RSE INCIDENT: [examples include on, repair/maintenance of application
(specify), recreational area (sp	pecify), right-of-way (rail, ut)		1NCINCH DOG U 200 Y	t" metually oci us Reportedly Ards of where UE Doc would	S THAT AN "ABUREST COURSED, IP DOMESTIC IN MOUND DEAD WITHING AN M-VY HAD BEEN THESPASS CONTACT WITH THE M-1
EPA REGISTRATION NUMBI	R PRODUCT NA	ME		TIVE INGREDIENT	againe and the second of the second s
56228-15	M-44	CYANISE CAPS	ules :	SODIUM CYAN	185
WAS THE PRODUCT	WHAT WAS 1	HE DILUTION RATIO (If applica		RE THE LABEL RECTIONS FOLLOWED	WAS THE APPLICATOR CERTIFIED (If applicable)
Concentrated Dilu	uted	NIA	i	Yes No	Yes No
Yes No	ENTIONAL MISUSE (IF "Ye	es", explain)			
SUMMARY OF THE INCIDEN		•			
IT MAY	HAVE COME		WITH AN	M-11. THE	1 175 House when bog's owned found 11NES for ANY PESTIC
RESIDUE (OR ANY OTHE	A CAUSE OF DIA	TU) WHE	NO THE DOG	5 OWNER FOUND
OUT THAT	M-44'5 WE	re peacely on	A MEIGHB	or's property,	SHE CONCLUBED THA
AL M-YY	KKLED WER	800. WS N	EVSR SA	w the Doc's	CAECA3S.
NAME OF PREPARER		SIGNATURE	TE	LEPHONE NUMBER	DATE
NAME OF SUPERVISOR.		SIGNATURE .	. те	LEPHONE NUMBER	DATE

(Local Reproduction Authorized)

WS FORM 160-R (June 99)

	ES USE ONLY REPORT NUMBER		
DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDI			
"X" ONE		"X" ONE	NUMBER OR ACRES AFFECTED
Amphibien Fish Bird Mammat Invertebrate	Reptile Plant	Domestic Wild	~700
SPECIES COMMON NAME DOMESTIC DOC	annochem van 1900 de gegen maar 1, 22 van de moodbooksterreningsvan de gegen de moodbooksterreningsvan de gege	BREED (If known) MIXED BREE	Λ
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS		MIXED BREE.	Company of the report of the r
		•	
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) A	ND RESULTS (if available,	attach copies):	
Nla	-		
1 - 10-1			
		William Control of the Control of th	
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terres	strial habitat)		
MA			
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include	e brief description of baiting	if applicable)	
IN ACCORDANCE WITH ZG	IST Rec	=P1/17=15	
THE HEORDANCE WITH CO	0 32 725	,	
WAS PREBAITING USED ON THE SITE (Describe) Yes No			
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH	THE INCIDENT OCCUPA		
	THE RODER OCCUR		
700 ACRE SNEED PASTURE			
ADDITIONAL FACTORS			
ABB. (COME) (COME)			
•			
NAME OF PREPARER	SIGNATURE		DATE
NAME OF SUPERVISOR	SIGNATÜRE		DATE
WS FORM 160B-R (June 99) (Local Reproduction Aut	horized)		